

EXHIBIT G

USE OF FORCE REVIEW

REPORT # 7882REPORT DATE 7-6-04

1] Uses of force

A) Capstun..... D) Electronic..... B) Physical..... E) K-9..... 1) Hands on , Restraints F) Deadly Force..... C) Chemical.....

1] Did staff follow proper procedures according to S.C.I. policies and procedures?

A) 004 sec. #1 B) 025 sec. #1 C) 027 sec. #1 *yes*1] Was inmate seen by medical? YES NO A) By whom NURSE Amy MunsonB) Comments MINOR ABRAISONS ON RIGHT TEMPLE & UPPER LIP. NO FOLLOW-UP REQUIRED1] Was staff seen by medical? YES NO

A) By whom _____

B) Comments ~M/S1] Were reports complete, answering all relevant questions? YES NO Review completed by LT. Joe Isaacs Signature LT. Joe IsaacsDate 7/7/04 Signature J. IsaacsTime 0545Watch Commander G.Agt.Signature eo D/Ru, 111Date 7/7/04Time Appx 0545 AMPLEASE FORWARD TO DEPUTY WARDEN WHEN COMPLETED

Received, SCI.

JUL 06 2004

Deputy Warden